

# INSTRUCTIONS

## VERIFIED MOTION FOR FEE WAIVER (DIVORCE CASE)

STATE OF INDIANA ) IN THE \_\_\_\_\_ SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF \_\_\_\_\_ ) CASE NO. \_\_\_\_\_

IN RE THE MARRIAGE OF:

\_\_\_\_\_  
Petitioner,

V.

\_\_\_\_\_  
Respondent.

FOR THE SECTION ABOVE THE DOTTED LINE, LOOK AT THE COURT PAPERS YOU HAVE FROM THIS CASE AND COPY THE INFORMATION HERE AS IT APPEARS ON THOSE COURT PAPERS.

### VERIFIED MOTION FOR FEE WAIVER

The Petitioner now states:

1. I wish to file this action and I believe that I have a case with merit.
2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
3. I live with PRINT THE NAMES OF ALL FAMILY MEMBERS WHO LIVE WITH YOU (THIS IS CONSIDERED YOUR "HOUSEHOLD")

4. Our family's income is see below per month. *(Total from below)*  
*(Income received each month, before taxes)*

Wages (\_\_\_\_\_ per hour x \_\_\_\_\_ hours per month)  
Unemployment Compensation  
AFDC / TANF Benefits  
SSI / SSD Benefits  
Child Support  
Other

+  
**Total =**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT THE AMOUNTS OF EACH TYPE OF BENEFIT OR INCOME LISTED ON THE LINES PROVIDED. REMEMBER TO USE THE AMOUNT BEFORE TAXES ARE TAKEN OUT.

5. We have PRINT THE TOTAL AMOUNT OF MONEY IN ALL BANK ACCOUNT(S) in the bank.

6. Our expenses total see below per month: *(Total from below)*  
*(Expenses spent each month)*

Housing (Rent, Contract, or Mortgage)  
Utilities (Gas, Electric, Water, Phone, etc.)  
Food  
Child Care  
Medical Bills  
Transportation  
Insurance (car, medical and/or property)  
Child Support  
Other (please describe)

+  
**Total =**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PRINT THE AMOUNTS OF EACH TYPE OF EXPENSES LISTED ON THE LINES PROVIDED.

COPY THE TOTAL FROM THIS LINE TO THE BLANK IN NUMBER 6 ABOVE

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

I affirm under the penalties of perjury that the foregoing representations are true.

SIGN YOUR NAME \_\_\_\_\_

Signature

PRINT YOUR FULL NAME \_\_\_\_\_

PRINT YOUR STREET ADDRESS \_\_\_\_\_

PRINT YOUR CITY, STATE AND ZIP CODE \_\_\_\_\_

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### ORDER ON FEE WAIVER

The Petitioner, has filed a Verified Motion for Fee Waiver, which the Court has read and finds should be granted.

**IT IS THEREFORE ORDERED** that Petitioner may file this case:

\_\_\_\_\_ without the pre-payment of any filing fees, costs, security, bond, or other expenses; or

\_\_\_\_\_ upon the pre-payment of \$\_\_\_\_\_ which is a portion of the filing fee set by statute.

Such sum must be paid by the Petitioner to the Clerk within the next 20 days.

The Court will determine whether any or additional costs are to be paid at a preliminary or final hearing in this case.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Distribution:

PRINT YOUR FULL NAME \_\_\_\_\_

PRINT YOUR STREET ADDRESS \_\_\_\_\_

PRINT YOUR CITY, STATE AND ZIP CODE \_\_\_\_\_

PRINT THE OTHER PARTY'S FULL NAME \_\_\_\_\_

PRINT THE OTHER PARTY'S STREET ADDRESS \_\_\_\_\_

PRINT THE OTHER PARTY'S CITY, STATE AND ZIP CODE \_\_\_\_\_

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) SS:  
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IN RE THE MARRIAGE OF:

\_\_\_\_\_  
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**VERIFIED MOTION FOR FEE WAIVER**

\_\_\_\_\_  
Respondent.

The Petitioner now states:

1. I wish to file this action and I believe that I have a case with merit.
2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
3. I live with \_\_\_\_\_.
4. Our family's income is \_\_\_\_\_ per month. *(Total from below)*  
*(Income received each month, before taxes)*

Wages (_____ per hour x _____ hours per month)		_____
Unemployment Compensation		_____
AFDC / TANF Benefits		_____
SSI / SSD Benefits		_____
Child Support		_____
Other	+	_____
	<b>Total =</b>	_____
5. We have \_\_\_\_\_ in the bank.
6. Our expenses total \_\_\_\_\_ per month: *(Total from below)*  
*(Expenses spent each month)*

Housing (Rent, Contract, or Mortgage)		_____
Utilities (Gas, Electric, Water, Phone, etc.)		_____
Food		_____
Child Care		_____
Medical Bills		_____
Transportation		_____
Insurance (car, medical and/or property)		_____
Child Support		_____
Other (please describe)	+	_____
_____	<b>Total =</b>	_____

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_ without the pre-payment of any filing fees, costs, security, bond, or other expenses; or

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Date

\_\_\_\_\_  
Judge

Distribution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_